

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS297AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2010
NAME OF PROVIDER OR SUPPLIER PARADISE CREST HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4462 FARMCREST DRIVE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 7/22/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was ten. Ten resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 7/22/10, the facility failed to ensure 3 of 3 employees met	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 background check requirements of NRS 449.176 to 449.188 (Employee #1 and #2 - State clearance, Employee #1, #2 and #3 - FBI clearance). This is a repeat deficiency from the 6/29/09 survey. Severity: 2 Scope: 3	Y 105			
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 7/22/10, the facility failed to ensure one of ten residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #7). This is a repeat deficiency from the 6/29/09 survey. Severity: 2 Scope: 1	Y 936			

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Y1010	Continued From page 2	Y1010			
Y1010 SS=F	<p>449.2764(1) Mental Illness Training</p> <p>NAC 449.2764</p> <p>1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/22/10, the facility failed to ensure 2 of 3 employees (Employee #1 and #2) had received 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>Severity: 2 Scope: 3</p>	Y1010			

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